



BOATING REFUND CLAIM ASSIGNMENT

Fuel Tax Section
Refund Unit
P.O. Box 9228
Olympia,WA 98507-9228
(360) 664-1838
Fax Number (360) 570-7843

Fuel Tax Refund
Permit Number

REFUND CLAIM PERIOD FROM _____ TO _____
(Not to Exceed Thirteen Months Prior to Current Date)

The undersigned individuals hereby assign their right to a refund of gasoline fuel taxes used for marine purposes to _____.
I understand by assigning my refund rights, I cannot file for a gasoline refund in my own name for the time period covered by this refund claim. The organization submitting this assignment must submit a fuel tax refund application and a completed “Claim for Refunds of Fuel Tax” form, and copies of all invoices must be included with this Refund Claim Assignment.

I certify the following information is correct and complete.

Name (Please print)	Signature	Address	City/State	Phone Number	Boat Number	Refund Permit Number	Gallons

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